## Case 09-45607 Doc 5 Filed 12/31/09 Entered 12/31/09 14:38:44 Desc Main Document Page 1 of 8

B22A (Official Form 22A) (Chapter 7) (12/08)

In re	Josue C Mendez Nichole M Mendez	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number:		The presumption arises.
	(If known)	■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

## CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor, whether or not filing jointly. Unless the exclusion in Line 1C applies, joint debtors may complete a single statement. If the exclusion in Line 1C applies, each joint filer must complete a separate statement.

	D V. M. V. V. M. D. V. A. V. D. V. G. M. G. V. G. V. G. D. V. D. D. V
	Part I. MILITARY AND NON-CONSUMER DEBTORS
1A	<b>Disabled Veterans.</b> If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	□ <b>Declaration of Disabled Veteran.</b> By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).
1B	<b>Non-consumer Debtors.</b> If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.
	☐ <b>Declaration of non-consumer debts.</b> By checking this box, I declare that my debts are not primarily consumer debts.
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.
1C	□ Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard
	a.   I was called to active duty after September 11, 2001, for a period of at least 90 days and  I remain on active duty /or/  I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;
	OR
	<ul> <li>b. □ I am performing homeland defense activity for a period of at least 90 days /or/</li> <li>□ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed.</li> </ul>

B22A (Official Form 22A) (Chapter 7) (12/08)

	Part II. CALCULATION OF MONTHLY INCOME FOR § 707(b)(7	') <b>F</b>	EXCLUSION	ļ	
	Marital/filing status. Check the box that applies and complete the balance of this part of this states	mer	nt as directed.		
	a. Unmarried. Complete only Column A ("Debtor's Income") for Lines 3-11.				
2	b. $\square$ Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penalty of perjur "My spouse and I are legally separated under applicable non-bankruptcy law or my spouse and I are living apart other than for the purpose of evading the requirements of § 707(b)(2)(A) of the Bankruptcy Code." <b>Complete only column A</b> (" <b>Debtor's Income"</b> ) <b>for Lines 3-11.</b>				
	<ul> <li>c. ☐ Married, not filing jointly, without the declaration of separate households set out in Line 2.b ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11.</li> </ul>	) ab	ove. Complete b	oth	Column A
	d. Married, filing jointly. Complete both Column A ("Debtor's Income") and Column B ("Section 1) and Column B ("Section 2) and Column B ("Section 3)	Spo	ouse's Income'')	for	Lines 3-11.
	All figures must reflect average monthly income received from all sources, derived during the six	F	Column A		Column B
	calendar months prior to filing the bankruptcy case, ending on the last day of the month before		Debtor's	1	Spouse's
	the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate line.		Income	<u>_</u>	Income
3	Gross wages, salary, tips, bonuses, overtime, commissions.	\$	1,625.00	\$	0.00
	Income from the operation of a business, profession or farm. Subtract Line b from Line a and			1	
	enter the difference in the appropriate column(s) of Line 4. If you operate more than one		ļ	1	
	business, profession or farm, enter aggregate numbers and provide details on an attachment. Do not enter a number less than zero. <b>Do not include any part of the business expenses entered on</b>		ļ	l	
4	Line b as a deduction in Part V.		ļ	1	
	Debtor Spouse		ļ	l	
	a. Gross receipts \$ 0.00 \$ 0.00		ļ	i	
	b. Ordinary and necessary business expenses \$ 0.00 \$ 0.00 \$ 0.00 \$ C. Business income Subtract Line b from Line a	\$	0.00	¢	0.00
	Rents and other real property income. Subtract Line b from Line a and enter the difference in	Ψ	0.00	Ψ	0.00
	the appropriate column(s) of Line 5. Do not enter a number less than zero. <b>Do not include any</b>		ļ	1	ļ
	part of the operating expenses entered on Line b as a deduction in Part V.		ļ	1	
5	Debtor Spouse		ļ	1	ļ
	a. Gross receipts \$ 0.00 \$ 0.00		ļ	1	
	b. Ordinary and necessary operating expenses \$ 0.00 \$ 0.00 c. Rent and other real property income Subtract Line b from Line a	\$	0.00	\$	0.00
6	Interest, dividends, and royalties.	\$	0.00		0.00
7	Pension and retirement income.	\$	0.00		0.00
	Any amounts paid by another person or entity, on a regular basis, for the household	t		<u> </u>	
8	expenses of the debtor or the debtor's dependents, including child support paid for that		ļ	1	
	<b>purpose.</b> Do not include alimony or separate maintenance payments or amounts paid by your spouse if Column B is completed.	\$	0.00	\$	0.00
	Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9.	-		$\Gamma$	
	However, if you contend that unemployment compensation received by you or your spouse was a		ļ	1	
9	benefit under the Social Security Act, do not list the amount of such compensation in Column A		ļ	1	
	or B, but instead state the amount in the space below:		ļ	1	
	Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00 Spouse \$ 0.00	\$	0.00	\$	0.00
10	Income from all other sources. Specify source and amount. If necessary, list additional sources on a separate page. Do not include alimony or separate maintenance payments paid by your spouse if Column B is completed, but include all other payments of alimony or separate maintenance. Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, crime against humanity, or as a victim of international or domestic terrorism.				
	Debtor Spouse		ļ	1	
	a.   Food Stamps		ļ	l	
		Φ.	200.00	φ.	0.00
	Total and enter on Line 10	\$	360.00	\$	0.00
11	<b>Subtotal of Current Monthly Income for § 707(b)(7).</b> Add Lines 3 thru 10 in Column A, and, if Column B is completed, add Lines 3 through 10 in Column B. Enter the total(s).	\$	1,985.00	\$	0.00

Document

12	<b>Total Current Monthly Income for § 707(b)(7).</b> If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.	\$		1,985.00				
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION							
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.							
14	Applicable median family income. Enter the median family income for the applicable state and household size.  (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)							
	a. Enter debtor's state of residence: MA b. Enter debtor's household size:	4	\$	99,648.00				
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.							
15	<ul> <li>■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "T top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII.</li> <li>□ The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of the page 1.</li> </ul>		does no	ot arise" at the				

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)						
	Part IV. CALCULA	TION OF CURRI	ENT MONTHLY INCOM	ME FOR § 707(b)(	(2)	
16 Enter the amount from Line 12.						
17	Marital adjustment. If you checke Column B that was NOT paid on a dependents. Specify in the lines bel spouse's tax liability or the spouse's amount of income devoted to each protected box at Line 2.c, enter zero	regular basis for the house ow the basis for excludir support of persons other purpose. If necessary, lis	sehold expenses of the debtor or ng the Column B income (such a r than the debtor or the debtor's	the debtor's as payment of the dependents) and the		
	a.		\$			
	b.		\$			
	c.		\$			
	d.		\$		6	
	Total and enter on Line 17				\$	
18	Current monthly income for § 707	<b>(b)(2).</b> Subtract Line 1'	7 from Line 16 and enter the res	ult.	\$	
	Part V. Ca	ALCULATION OF	F DEDUCTIONS FROM	INCOME		
	Subpart A: Dec	uctions under Stand	lards of the Internal Revenu	ie Service (IRS)		
19A	National Standards: food, clothing and other items. Enter in Line 19A the "Total" amount from IRS National Standards for Food, Clothing and Other Items for the applicable household size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
19B	National Standards: health care. Out-of-Pocket Health Care for personal court of Pocket Health Care for personal care for					
	b1. Number of members	b2.	Allowance per member  Number of members			
	c1. Subtotal	c2.	Subtotal		\$	
20A	Local Standards: housing and util Utilities Standards; non-mortgage e available at www.usdoj.gov/ust/ or	xpenses for the applicab	le county and household size. (		\$	

20B	a. IRS Housing and Utilities Standards; mortgage/rental expense \$ b. Average Monthly Payment for any debts secured by your				
	home, if any, as stated in Line 42 c. Net mortgage/rental expense	\$ Subtract Line b from Line a.	\$		
	Local Standards: housing and utilities; adjustment. If you content	-	Ψ		
21	20B does not accurately compute the allowance to which you are ent Standards, enter any additional amount to which you contend you are contention in the space below:	\$			
	Local Standards: transportation; vehicle operation/public transportation are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	of whether you pay the expenses of operating a			
22A	Check the number of vehicles for which you pay the operating expenincluded as a contribution to your household expenses in Line 8. $\square$ 0 $\square$ 1 $\square$ 2 or more.	ses or for which the operating expenses are			
	If you checked 0, enter on Line 22A the "Public Transportation" amount Transportation. If you checked 1 or 2 or more, enter on Line 22A the Standards: Transportation for the applicable number of vehicles in the Census Region. (These amounts are available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a>	\$			
22B	<b>Local Standards: transportation; additional public transportation expense.</b> If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.)				
23	Local Standards: transportation ownership/lease expense; Vehicle 1. Check the number of vehicles for which you claim an ownership/lease expense. (You may not claim an ownership/lease expense for more than two vehicles.)  1 2 or more.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the IRS Local Standards: Transportation				
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle 1, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
24	Local Standards: transportation ownership/lease expense; Vehicle the "2 or more" Box in Line 23.  Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy Monthly Payments for any debts secured by Vehicle 2, as stated in Lithe result in Line 24. Do not enter an amount less than zero.	e IRS Local Standards: Transportation court); enter in Line b the total of the Average			
	a. IRS Transportation Standards, Ownership Costs	\$			
	Average Monthly Payment for any debts secured by Vehicle 2, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 2	Subtract Line b from Line a.	\$		
25	Other Necessary Expenses: taxes. Enter the total average monthly expense that you actually incur for all federal, state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				
26	Other Necessary Expenses: involuntary deductions for employment. Enter the total average monthly payroll deductions that are required for your employment, such as retirement contributions, union dues, and uniform costs <b>Do not include discretionary amounts, such as voluntary 401(k) contributions.</b>				

B22A (Official Form 22A) (Chapter 7) (12/08)

Page 5 of 8 Document

27		Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
28	Other Necessary Expenses: court-ordered payments. pay pursuant to the order of a court or administrative age include payments on past due obligations included in I	\$			
29	Other Necessary Expenses: education for employment the total average monthly amount that you actually expen education that is required for a physically or mentally chaproviding similar services is available.	\$			
30	Other Necessary Expenses: childcare. Enter the total a childcare - such as baby-sitting, day care, nursery and pre	verage monthly amount that you actually expend on eschool. <b>Do not include other educational payments.</b>	\$		
31	Other Necessary Expenses: health care. Enter the total health care that is required for the health and welfare of y insurance or paid by a health savings account, and that is include payments for health insurance or health saving	\$			
32	Other Necessary Expenses: telecommunication service actually pay for telecommunication services other than you pagers, call waiting, caller id, special long distance, or intelligence welfare or that of your dependents. Do not include any a	\$			
33	Total Expenses Allowed under IRS Standards. Enter t	the total of Lines 19 through 32.	\$		
	-	nal Living Expense Deductions			
	Note: Do not include any expe	enses that you have listed in Lines 19-32			
	Health Insurance, Disability Insurance, and Health Sa the categories set out in lines a-c below that are reasonable dependents.				
34	a. Health Insurance	\$			
	b. Disability Insurance	\$			
	c. Health Savings Account	\$	\$		
	Total and enter on Line 34.	·			
		our actual total average monthly expenditures in the space			
35	Continued contributions to the care of household or far expenses that you will continue to pay for the reasonable ill, or disabled member of your household or member of yexpenses.	\$			
36	<b>Protection against family violence.</b> Enter the total avera actually incurred to maintain the safety of your family unother applicable federal law. The nature of these expenses	\$			
37	Home energy costs. Enter the total average monthly amo Standards for Housing and Utilities, that you actually exp trustee with documentation of your actual expenses, an claimed is reasonable and necessary.	\$			
38	Education expenses for dependent children less than 1 actually incur, not to exceed \$137.50 per child, for attend school by your dependent children less than 18 years of a documentation of your actual expenses, and you must necessary and not already accounted for in the IRS Sta	\$			

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at <a href="www.usdoj.gov/ust/">www.usdoj.gov/ust/</a> or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			Enter the amount that you will continganization as defined in 26 U.S.C. § 1			e form of cash or	\$
41	Tota	l Additional Expense Deduction	s under § 707(b). Enter the total of L	Lines	34 through 40		\$
		S	ubpart C: Deductions for Del	bt P	Payment		
42	<b>Future payments on secured claims.</b> For each of your debts that is secured by an interest in property that you own, list the name of the creditor, identify the property securing the debt, and state the Average Monthly Payment, and check whether the payment includes taxes or insurance. The Average Monthly Payment is the total of all amounts scheduled as contractually due to each Secured Creditor in the 60 months following the filing of the bankruptcy case, divided by 60. If necessary, list additional entries on a separate page. Enter the total of the Average Monthly Payments on Line 42.						
		Name of Creditor	Property Securing the Debt			Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					Total: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page.  Name of Creditor  Property Securing the Debt  1/60th of the Cure Amount						
	a.				\$	otal: Add Linas	\$
44	prior not i	ity tax, child support and alimony nclude current obligations, such		the ti	, of all priority cl me of your bankr	uptcy filing. <b>Do</b>	\$
			If you are eligible to file a case under the amount in line b, and enter the res				
45	a. b.	issued by the Executive Office	strict as determined under schedules e for United States Trustees. (This w.usdoj.gov/ust/ or from the clerk of	x To	tal: Multiply Line	es a and b	\$
46	<b>Total Deductions for Debt Payment.</b> Enter the total of Lines 42 through 45.					\$	
		St	ubpart D: Total Deductions f	rom	Income		
47	<b>Total of all deductions allowed under § 707(b)(2).</b> Enter the total of Lines 33, 41, and 46.					\$	
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Ente	r the amount from Line 18 (Cur	rent monthly income for § 707(b)(2)	))			\$
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))			\$			
50	Mon	thly disposable income under §	707(b)(2). Subtract Line 49 from Line	e 48 a	and enter the resu	ılt.	\$
51		<b>60-month disposable income under § 707(b)(2).</b> Multiply the amount in Line 50 by the number 60 and enter the result					\$

	<b>Initial presumption determination.</b> Check the applicable box	and proceed as directed.				
52	☐ The amount on Line 51 is less than \$6,575. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.					
32	☐ The amount set forth on Line 51 is more than \$10,950 Cl statement, and complete the verification in Part VIII. You may	neck the box for "The presumption arise valso complete Part VII. Do not comple	s" at the top of page 1 of this ete the remainder of Part VI.			
	$\Box$ The amount on Line 51 is at least \$6,575, but not more the	nan \$10,950. Complete the remainder of	f Part VI (Lines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt		\$			
54	Threshold debt payment amount. Multiply the amount in Lin	e 53 by the number 0.25 and enter the r	result. \$			
	Secondary presumption determination. Check the applicable	box and proceed as directed.				
55	☐ The amount on Line 51 is less than the amount on Line 5 of this statement, and complete the verification in Part VIII.	4. Check the box for "The presumption	does not arise" at the top of page 1			
	☐ The amount on Line 51 is equal to or greater than the an of page 1 of this statement, and complete the verification in Pa					
	Part VII. ADDITION	AL EXPENSE CLAIMS				
56	Other Expenses. List and describe any monthly expenses, not	otherwise stated in this form, that are re	quired for the health and welfare of			
	you and your family and that you contend should be an additio 707(b)(2)(A)(ii)(I). If necessary, list additional sources on a se					
	each item. Total the expenses.					
	Expense Description	M	onthly Amount			
	a.	\$				
	b.	\$				
	c.	\$				
	d. Total: Add Lines	\$ a, b, c, and d \$	-			
	Part VIII. VI	ERIFICATION				
	I declare under penalty of perjury that the information provided	d in this statement is true and correct. (A	f this is a joint case, both debtors			
	must sign.) Date: December 31, 2009	Signature: /s/ Josue C Me	ndez			
	Date: <u>December 61, 2005</u>	Josue C Mend				
57		(Deb				
	Date: December 31, 2009	Signature /s/ Nichole M M	1endez			
	<u> </u>	Nichole M Men				
		(Join	t Debtor, if any)			

B22A (Official Form 22A) (Chapter 7) (12/08)

8

## **Current Monthly Income Details for the Debtor**

## **Debtor Income Details:**

Income for the Period 06/01/2009 to 11/30/2009.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Ocasios Martial Arts

Year-to-Date Income:

Income for six-month period (Ending-Starting): \$9,750.00.

Average Monthly Income: \$1,625.00.

Line 10 - Income from all other sources Source of Income: Food Stamps Constant income of \$360.00 per month.